

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Maricopa</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>146</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>879</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Betty Devora Dean</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>Nov-7-1924</u>	Month _____ day _____ year _____		
8. FATHER		14. MOTHER	
Full name <u>Carl Hasbelle Dean</u>		Full maiden name <u>Lucille Whitsett</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If nonresident, give place and state <u>Ariz.</u>		If nonresident, give place and state <u>Ariz.</u>	
10. Color or race <u>Cauc.</u>	11. Age at last birthday <u>26</u> (Years)	16. Color or race <u>Cauc.</u>	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) <u>Indiana</u>		18. Birthplace (city or place) <u>Douglas</u>	
(State or country)		(State or country) <u>Arizona</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Millman</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against <u>Yes</u>	
(a) Born alive and now living <u>1</u>		(b) Born alive but now dead _____	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>7:00</u> p.m. on the date above stated.			
(Born alive or stillborn)			
Signature <u>Cyril M. Brown M.D.</u>		(Physician or midwife)	
Address <u>Miami, Ariz.</u>			
Given name added from _____		Filed <u>Nov 30</u> 19 <u>24</u>	
a supplemental report _____		DEC 5 19 <u>24</u>	
Month, day, year.		Local Registrar. <u>B. J. Fox</u>	
Registrar. _____		County Registrar. _____	

245-1107-363